

COPY

Attorney Docket No. 2786-0199P

## BIRCH, STEWART, KOLASCH &amp; BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747  
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050PLEASE NOTE:  
YOU MUST  
COMPLETE THE  
FOLLOWINGCOMBINED DECLARATION AND POWER OF ATTORNEY  
FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:

SPLICE VARIANTS OF CD40-RECEPTOR

Fill in Appropriate  
Information -  
For Use Without  
Specification  
Attached:

the specification of which is attached hereto. If not attached hereto,

the specification was filed on January 22, 2002 as

United States Application Number \_\_\_\_\_;

and amended on January 22, 2002 (if applicable) and/orthe specification was filed on July 19, 2000 as PCTInternational Application Number PCT/IL00/00427; and wasamended on August 2, 2001 (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

## Prior Foreign Application(s)

## Priority Claimed

Insert Priority  
Information:  
(if appropriate)

130989

(Number)

Israel

(Country)

July 20, 1999

(Month/Day/Year Filed)

☒

Yes

☐

No

(Number)

(Country)

(Month/Day/Year Filed)

☐

Yes

☐

No

(Number)

(Country)

(Month/Day/Year Filed)

☐

Yes

☐

No

(Number)

(Country)

(Month/Day/Year Filed)

☐

Yes

☐

No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.

Insert Provisional  
Application(s):  
(if any)

(Application Number)

(Filing Date)

(Application Number)

(Filing Date)

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

Country

Application Number

Date of Filing (Month/Day/Year)

Insert Requested  
Information:  
(if appropriate)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Insert Prior U.S.  
Application(s):  
(if any)

(Application Number)

(Filing Date)

(Status - patented, pending, abandoned)

(Application Number)

(Filing Date)

(Status - patented, pending, abandoned)

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I hereby appoint the practitioners at **CUSTOMER NO. 2292** as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

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Full Name of First  
or Sole Inventor  
Insert Name of  
Inventor  
Insert Date This  
Document is Signed

Insert Residence  
Insert Citizenship

Insert Post Office  
Address

Full Name of Second  
Inventor, if any  
see above

Full Name of Third  
Inventor, if any  
see above

Full Name of Fourth  
Inventor, if any  
see above

Full Name of Fifth  
Inventor, if any  
see above

Full Name of Sixth  
Inventor, if any  
see above

GIVEN NAME/FAMILY NAME Kinneret SAVITZKY	INVENTOR'S SIGNATURE 	DATE* X 19 3 02
Residence (City, State & Country) Tel Aviv ISRAEL ILX	CITIZENSHIP Israeli	
MAILING ADDRESS (Complete Street Address including City, State & Country) Metodela Street 44, 69548 Tel Aviv ISRAEL		
GIVEN NAME/FAMILY NAME Rami KHOSRAVI	INVENTOR'S SIGNATURE 	DATE* X
Residence (City, State & Country) Herzilya ISRAEL ILX	CITIZENSHIP Israeli	
MAILING ADDRESS (Complete Street Address including City, State & Country) Yehuda Halevy Street 36, 46490 Herzilya ISRAEL		
GIVEN NAME/FAMILY NAME Menashe ELAZAR	INVENTOR'S SIGNATURE 	DATE* X
Residence (City, State & Country) Mevaseret Zion ISRAEL ILX	CITIZENSHIP Israeli	
MAILING ADDRESS (Complete Street Address including City, State & Country) Harazim Street 31, 90805 Mevaseret Zion ISRAEL		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
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Full Name of First  
or Sole Inventor:  
Inventor Name of  
Inventor  
Inventor Date This  
Document is Signed

Inventor Residence  
Inventor Citizenship

Inventor Post Office  
Address

Full Name of Second  
Inventor, if any:  
see above

Full Name of Third  
Inventor, if any:  
see above

Full Name of Fourth  
Inventor, if any:  
see above

Full Name of Fifth  
Inventor, if any:  
see above

Full Name of Sixth  
Inventor, if any:  
see above

<b>GIVEN NAME/FAMILY NAME</b> Kinneret SAVITZKY	<b>INVENTOR'S SIGNATURE</b> X	<b>DATE*</b> X 19.3.02
<b>Residence (City, State &amp; Country)</b> Tel Aviv ISRAEL		<b>CITIZENSHIP</b> Israeli
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<b>GIVEN NAME/FAMILY NAME</b> Rami KHOSRAVI	<b>INVENTOR'S SIGNATURE</b> X	<b>DATE*</b> X 19.3.02
<b>Residence (City, State &amp; Country)</b> Herzilya ISRAEL		<b>CITIZENSHIP</b> Israeli
<b>MAILING ADDRESS (Complete Street Address including City, State &amp; Country)</b> Yehuda Halevy Street 36, 46490 Herzilya ISRAEL		
<b>GIVEN NAME/FAMILY NAME</b> Menashe ELAZAR	<b>INVENTOR'S SIGNATURE</b> X	<b>DATE*</b> X
<b>Residence (City, State &amp; Country)</b> Mcvaseret Zion ISRAEL		<b>CITIZENSHIP</b> Israeli
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<b>GIVEN NAME/FAMILY NAME</b>	<b>INVENTOR'S SIGNATURE</b>	<b>DATE*</b>
<b>Residence (City, State &amp; Country)</b>		<b>CITIZENSHIP</b>
<b>MAILING ADDRESS (Complete Street Address including City, State &amp; Country)</b>		
<b>GIVEN NAME/FAMILY NAME</b>	<b>INVENTOR'S SIGNATURE</b>	<b>DATE*</b>
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<b>Residence (City, State &amp; Country)</b>		<b>CITIZENSHIP</b>
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Full Name of First  
or Sole Inventor:  
Insert Name of  
Inventor in This  
Document to Sign

Insert Residence  
or Inventor Citizenship

Insert Post Office  
Address

Full Name of Second  
Inventor, if any:  
see above

Full Name of Third  
Inventor, if any:  
see above

Full Name of Fourth  
Inventor, if any:  
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Full Name of Fifth  
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Full Name of Sixth  
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GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
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GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
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